

Michigan Department of Community Health
Bureau of Health Systems
Nursing Home Monitoring Division

RESIDENT BED RAIL CONSENT FORM

(Per Michigan PA 437 of 2000, January 9, 2001, amending Michigan Public Health Code, PA 368 of 1968)

Resident Name: _____
(Last, First, MI)

Date of Request: _____

Part 1

Please initial one of the following blocks indicating the person requesting the use of bed rails.

This request was prepared by the above named resident while being mentally capable of participation in his/her own health care decisions.

This request was prepared by the resident's legally appointed and appropriately empowered attorney-in fact, as the resident has been determined to incapable of participating in his/her own health care decision by a team of physicians in a written Medical Determination.

The resident's Probate Court-appointed guardian prepared this request.

Surrogate's Name: _____
(Last, First, MI)

Attorney-in-fact
Guardian

Part 2

I am responsible for medical treatment decision of the above named resident. I have been advised that I may request that bed rails be installed on the resident's bed. The risk and alternatives to using bed rails, as they apply to this resident's particular condition and circumstances, have been clearly explained to me.

I understand that, in addition to this signed consent form authorizing the use of bed rails for this resident, a written order from the resident's attending physician, specifying the medical rational and circumstances for use, must be obtained prior to the installation of this medical treatment device.

It is also my understanding that the Facility will periodically review and re-evaluate the resident's need for bed rails and that the resident, responsible part and attending physician will be consulted in this matter.

With all of the above information in mind, I consent to the installation and utilization of bed rails for the care of the above named resident, consistent with the written orders of the attending physician. I understand that this authorization is revocable, expect to the extent of those action already taken.

Signature: _____
(Resident, Attorney-in-fact, or Guardian)

Date: _____

Witness Signature: _____

Date: _____